

# **EXHIBIT D**

JUN 16 2003



P.O. BOX 249 \* NASSAU, DE 19969-0249 \* \*

June 13, 2003

WILSON, HALBROOK AND BAYARD  
CLAYTON E BUNTING  
PO BOX 690  
GEORGETOWN, DE 19947

**CLAIMANT NAME :** Thomas Eames  
**OUR INSURED :** Thomas Eames  
**OUR CLAIM NUMBER :** 52 07 A 733616 02072003 01  
**DATE OF LOSS :** 02-07-2003

This letter is to notify you that the above claimant, Thomas Eames, has exhausted his/her benefits under the PIP/ NO FAULT portion of this insurance policy. All future billings should be directed elsewhere. For this reason we will be unable to consider the recently submitted for June 4, 2003.

Please call me with any questions or concerns. Thank you.

NATIONWIDE MUTUAL INSURANCE COMPANY  
Lisa-Jo Pepper  
Claims Department  
(302)645-8337